

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

THIS SPACE FOR OFFICE USE ONLY

13 FEB 13 P3:32

LOBBYIST REGISTRATION FORM

STATE OF HAWAII (Type or Print Clearly) STATE ETHICS COMMISSIST PART! LOBBYIST NAME (Last) (First) (Middle) TELEPHONE Arthur Morris George "Red" (808) 531-4551 MAILING ADDRESS (Street) FAX (808) 533-4601 222 South Vineyard Street, Suite 401 **EMAIL** gamorrisinc@aol.com (City) (State) (Zip Code) Honolulu HI 96813-2453 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** G.A. Morris, Inc. (808) 531-4551 MAILING ADDRESS (Street) FAX (808) 533-4601 222 South Vineyard Street, Suite 401 **EMAIL** gamorrisinc@aol.com (Zip Code) (City) (State) 96813 HI Honolulu

PART II ORGANIZATION							
NAME OF ORGANIZATION YOU	TELEPHONE (517) 372-4400 FAX (517) 372-4045						
Marketing Resource Grou							
MAILING ADDRESS (Street)							
225 South Washington So	EMAIL toms@mrgmi.com						
(City)	(State)	(Zip Code)					
Lansing	MI	48933					
NAME OF PERSON RESPONSIBLE F	TELEPHONE						
Tom Shields	(517) 372-4400						
MAILING ADDRESS (Street)	FAX (517) 372-4045						
225 South Washington So	EMAIL toms@mrgmi.com						
(City)	(State)	(Zip Code)					
Lansing	MI	48933					

Page 1 of 2 LREG 09/2009

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agricult	ле	☐ Education	☐ Human Services	Science, Technology & Economic Development		
Commu Public U	nications & Itilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation		
Consum Comme	er Protection & rce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Preserva		☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology Environt	, Energy mental Protection	Housing	Public Safety & Corrections			
PART IV	CERTIFICATION					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
	(5	Signature of Lobbyist)		(Date)		
PART V AUTHORIZATION TO LOBBY						
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRI				ER OR PERSON REPRESENTED		
Tom Shi	elds		President			
NAME OF C	RGANIZATION (if appl	icable)		TELEPHONE		
Marketin	g Resource Grou	p		(517) 372-4400		
MAILING ADDRESS (Street)				FAX (517) 372-4045		
225 South Washington Square				EMAIL toms@mrgmi.com		
(City	·)	(State)		(Zip Code)		
Lansing		MI		48933		
I hereby authenze the above - named person to engage in lobbying activities on behalf of the undersigned.						
2/4/13						
(Signature of Authorizing Officer or Person Represented)			resented)	(Date)		